

Young Adult Summer Reading Program Evaluation And Order Form

Library_____

SRP Director_____

Street Address_____

City_____ Zip_____

Telephone_____ Region_____

Email Address_____

Did you present a young adult summer reading program in 2005? Yes_____ No_____

Had you offered young adult programming in your library prior to the 2005 Young Adult Summer Reading Program? Yes_____ No_____

If so, what was your average attendance to these programs? _____

Attendance for 2005 Young Adult Summer Reading Program _____

Number of programs offered _____

Did you visit any schools to promote the program? Yes_____ No_____

Will you participate in the 2006 Young Adult Summer Reading Program?

Yes_____ No_____

Materials Order

Number Requested

PROGRAM POSTERS

BOOKMARKS

Please feel free to add any additional comments.

THIS 2006 ORDER FORM MUST BE RETURNED NO LATER THAN SEPTEMBER 1,
2005 TO:

Amanda Jackson, Tennessee State Library and Archives
403 7th Avenue North, Nashville, TN 37243-0312



SS-3185